

# U.S. COURT OF APPEALS - EEO REPORTING FORM

## SELF IDENTIFICATION FORM RACE/ETHNIC, GENDER AND DISABILITY

(Please read the instructions and Privacy Statement before completing form.)

<b>Name (Last, First, MI):</b>  <b>Social Security #:</b>	<b>Position:</b>	<b>Employing Office:</b>  <b>U.S. Court of Appeals for the Seventh Circuit</b>	<b>Birth Date:</b>
<b>Privacy Statement</b> You are requested to furnish this information to aid the federal judiciary in reporting on equal employment opportunities. Solicitation of this information in accordance with Judicial Conference of the United States policy. This information will be used in planning and monitoring fair employment practices programs. Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment.			
<b>INSTRUCTIONS</b> Please identify your gender and whether or not you have a disability. The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and or national origin, identify yourself by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category.			
<b>CATEGORY:</b>		<b>EXPLANATION:</b>	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Place an "X" in one or the other	
Disability <input type="checkbox"/> No <input type="checkbox"/> Yes Code _____		Place an "X" in one or the other. If Yes, please locate the appropriate disability code on reverse side of form.	
<b>CHOOSE ONLY ONE OF THE FOLLOWING RACE/ETHNICITY CATEGORIES</b>			
1 <input type="checkbox"/> White		A person having origins in any of the original peoples of Europe, North Africa or the Middle East. Also includes persons not included in other categories.	
2 <input type="checkbox"/> Black/African American		A person having origins in any of the black racial groups of Africa. Does not include Hispanics.	
3 <input type="checkbox"/> Hispanic or Latino		A person having origins in Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.	
4 <input type="checkbox"/> Asian		A person having origins in any of the original peoples of the Far East. Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	
5 <input type="checkbox"/> American Indian or Alaskan Native (Native American)		A person having origins in any of the original peoples of North America and who maintains cultural identification through community recognition or tribal affiliation.	
6 <input type="checkbox"/> Native Hawaiian or Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.	

**DEFINITION OF A HANDICAP:**

A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that are to be reported as listed below (codes in bold numbers 13-94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

**TO THE EMPLOYEE:**

Self-identification of a handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information.

- 01** I do not wish to identify my handicap status (please read the employee note above and the reverse side before using this code). Note: your personnel officer may use this code if, in his or her judgment you used an incorrect code.
- 05** I do not have a handicap
- 06** I have a handicap but it is not listed below

**SPEECH IMPAIRMENTS:**

- 13** Severe speech malfunction or inability to speak: hearing is normal (examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the voice box] ).

**HEARING IMPAIRMENTS:**

- 16** Total deafness in both ears, with understandable speech
- 17** Total deafness in both ears, and unable to speak clearly

**VISION IMPAIRMENTS:**

- 22** Ability to read ordinary size print with glasses, but with loss of peripheral vision (restriction of the visual field to the extent that mobility is affected - 'tunnel vision').
- 23** Inability to read ordinary size print, not correctable by glasses (can read oversized print or use assisting devices such as glass or projector modifier).
- 24** Blind in one eye
- 25** Blind in both eyes (no usable vision but may have some light perception).

**MISSING EXTREMITIES:**

- 27** One hand
- 28** One arm
- 29** One foot
- 32** One leg
- 33** Both hands or arms
- 34** Both feet or legs
- 35** One hand or arm and one foot or leg
- 36** One hand or arm and both feet or legs
- 37** Both hands or arms and one foot or leg
- 38** Both hands or arms and both feet or legs

**NON PARALYTIC ORTHOPEDIC IMPAIRMENTS:**

(Because of chronic pain, stiffness or weakness in bones of joints, there is some loss of ability to move or use a part or parts of the body).

- 44** One or both hands      **47** One or both legs
- 45** One or both feet      **48** Hip or pelvis
- 46** One or both arms      **49** Back
- 57** Any combination of two or more parts of the body

**PARTIAL PARALYSIS:**

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body including legs, arms and/or trunk).

- 61** One hand
- 62** One arm, any part
- 63** One leg, any part
- 64** Both hands
- 65** Both legs, any part
- 66** Both arms, any part
- 67** One side of body, including one arm and one leg
- 68** Three or more major parts of the body (arms & legs)

**COMPLETE PARALYSIS:**

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body including legs, arms, and/or trunk).

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|----------------------|---|
| <b>70</b> One hand   | <b>76</b> Lower half of body, including legs              |
| <b>71</b> Both hands | <b>77</b> One side of body, including one arm and one leg |
| <b>72</b> One arm    |   |
| <b>73</b> Both arms  |   |
| <b>74</b> One leg    |   |
| <b>75</b> Both legs  |   |

**OTHER IMPAIRMENTS:**

- 80** Heart disease with no restriction or limitation of activity (history of heart problems with complete recovery)
- 81** Heart disease with restriction or limitation of activity
- 82** Convulsive disorder (e.g., epilepsy)
- 83** Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)
- 84** Diabetes
- 86** Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)
- 87** Kidney disfunctioning (e.g., is dialysis is required)
- 88** Cancer - a history of cancer with complete recovery
- 89** Cancer - undergoing surgical and/or medical treatment
- 90** Mental retardation (A chronic & lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State vocational rehabilitation agency under Section 213.3102(t) of Schedule A).
- 91** Mental or emotional illness (a history of treatment for mental or emotional problems).
- 92** Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back]).
- 93** Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, club feet, etc.])
- 94** Learning Disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]:e.g., dyslexia.)